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| 09/989,677 | 11/20/2001 | 315 | 2821 | C1104.70095US00 |
| RULE | | | | |

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/215,624 12/17/1998 PAT 6,528,954 and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919
 and is a CIP of 09/213,581 12/17/1998 PAT 7,038,398
 and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745
 and is a CIP of 09/333,739 06/15/1999
 and is a CIP of 09/742,017 12/20/2000 ABN
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496
 This application 09/989,677
 is a CIP of 09/815,418 03/22/2001 PAT 6,577,080
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496
 This application 09/989,677
 is a CIP of 09/626,905 07/27/2000 PAT 6,340,868
 and claims benefit of 60/252,004 11/20/2000
 and claims benefit of 60/262,022 01/16/2001
 and claims benefit of 60/268,259 02/13/2001
 and claims benefit of 60/262,153 01/17/2001
 and claims benefit of 60/296,219 06/06/2001
 and is a CIP of 09/917,246 07/27/2001 PAT 6,888,322
 which claims benefit of 60/221,579 07/28/2000
 and is a CIP of 09/669,121 09/25/2000 PAT 6,806,659
 This application 09/989,677
 is a CIP of 09/805,368 03/13/2001 PAT 7,186,003
 which claims benefit of 60/199,333 04/24/2000
 and claims benefit of 60/211,417 06/14/2000
 and said 09/215,624 12/17/1998
 claims benefit of 60/090,920 06/26/1998
 and claims benefit of 60/079,285 03/25/1998
 and claims benefit of 60/078,861 03/20/1998
 and claims benefit of 60/068,792 12/24/1997
 and claims benefit of 60/071,281 12/17/1997

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 ** FOREIGN APPLICATIONS ***** *NOVR*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
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|--------------------------|---|----------|--------|-------|-------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
|--------------------------|---|----------|--------|-------|-------------|

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|--|---|---------------|---|-------------------------------|-------------------------------|
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>Marta Hickey</i> Acknowledged Examiner's Signature Initials | | COUNTRY MA | DRAWING 22 | CLAIMS 74 32 | CLAIMS 18 10 |
| ADDRESS 23628 | | | | | |
| TITLE INFORMATION SYSTEMS | | | | | |
| FILING FEE RECEIVED 1843 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |